the swelling and cyanosis increase, one should attempt decompression of the flexor muscles by splitting the deep aponeurosis longitudinally, either subcutaneously or together with the skin if that is edematous and shiny. Late operation is done either to lengthen all the tendons of the contracted muscles to permit simultaneous extension of the fingers, hand and wrist to a straight line, or to shorten the bones sufficiently to attain the same result. After an operation has mechanically relieved the deformity, the real work of rehabilitation must be done by a prolonged course of physical therapeutics. Therefore it would seem preferable to avoid the trouble and risk of operation by employing the method of mechanical overstretching of the contractured tissues. This method combined with physical therapeutics obtains results which for promptness and quality are as good or better than those obtained by operation. This may be accomplished by the Jones method of rigid splints or by the method preferred by the author, which may be called the elastic traction method. Persistence in treatment is the only hope of success in the severe cases.

Enterostomy for Ileus.—Doud (*Ann. Surg.*, 1917, lxv, 95) says that the operation of enterostomy is a very old one, at least one hundred and twenty-nine years. It is resorted to now much more frequently than it used to be. The details of the procedure differ with the case. Sometimes, without anesthesia, a little opening is made in a loop of the intestine which presents in the drainage wound; sometimes under local anesthesia, a small abdominal incision, a catheter or small tube, is tied or stitched into an opening in the intestine, and a few Lambert stitches secure the intestine to the abdominal wall; sometimes, under general anesthesia, a search is made for a definite obstruction, and failing to find this, an enterostomy opening is made with careful provision for the subsequent closure of the wound. Sometimes at the termination of a primary operation in unfavorable cases, an enterostomy is done as a safeguard. In all cases the stoma should be as small as will be efficient. Nothing in surgery is more dramatic than the improvement which comes from a fortunate enterostomy. A patient who is almost moribund before the operation is, a few hours later, comfortable, bright, and hungry. The obstruction is frequently temporary. If there are many angulations in a moderately inflamed intestine, the total obstruction may be sufficient to produce stasis. Such obstruction, however, ceases if the distention can be relieved, and if the inflammation subsides. In closing the opening later, Doud loosens the intestine from its adhesions to the abdominal wall, but a very wide exposure of the peritoneum is avoided. Through-and-through stitches invert the edges of the intestinal stoma. Lembert stitches reinforce the suture line, and almost complete closure of the abdominal wall, in layers, has followed. This closure has not been absolutely complete, as provision has always been made for drainage at a little distance from the intestinal sutures. Intestinal resection is a severe operation and is to be avoided when possible.

Fatal Complications of Percy's "Cold Iron" Method in the Treatment of Inoperable Carcinoma of the Cervix. — Leonard and Dayton (*Surg., Gynec., and Obst.*, 1917, xxiv, 156) says the

Percy method consists in the application of long-continued low heat in the treatment of otherwise inoperable carcinoma of the uterus. This procedure is based upon a principle claimed by Percy, namely, that carcinoma cells are killed by low penetrating heat insufficient to destroy normal tissues. The Percy method has been widely adopted and the results so far reported have been almost uniformly favorable. He summarizes his observations and full reports of two fatal cases treated in the Gynecological Clinic of the Johns Hopkins Hospital. The primary effect of the Percy cautery is to cause a necrotic mass extending more or less uniformly in all directions from the coagulating point. A mass of sloughing coagulated tissue of this type offers an ideal medium for the growth of microörganisms. It will probably be found impossible to prevent infection of this area, and once infected the thrombosed vessels of the region may offer a ready entrance into the system. Therefore the danger of a septicemia is considerable. The authors are convinced, from their short experience with Dr. Percy's method, that fatalities must have been frequent wherever this method has been employed extensively, yet they were able to find only one complete report of a fatal case in the literature, that of Dr. Boldt. They conclude that the prolonged treatment of large carcinomatous masses by low heat may result in a rapidly fatal outcome with lesions similar to those in cases of fatal cutaneous burns. The necrotic mass produced by the cautery forms a particularly favorable medium for bacterial growth. The organisms may spread to the surrounding tissues or reach the general circulation through the local thrombosed vessels. It seems probable that the greatest danger in the application of the Percy cautery is a local infection and a subsequent general sepsis. Finally, the technic is ineffectual in eradicating the carcinoma. There is no evidence from these two cases that carcinoma is more susceptible to heat than is normal tissue.

Observations on Gas-bacillus Infection in France.—JUDD (*Surg., Gynec. and Obst.*, 1917, xxv, 113) says that of all the classes of wounded seen in the present European war the most terrible and formidable are those of the so-called gas-bacillus infection. Modern trench warfare with the accompanying difficulties in providing cleanliness exposes a large proportion of wounded to the dangers of gas-bacillus infection. The majority of cases follow shell wounds when a piece of contaminated clothing is carried into the depths of the wound by the projectile. Among the varieties of microörganisms present in the wounds, the bacilli perfringens are generally accepted as the causative organisms. These bacilli appear in the wound from the ninth to the twelfth hour. The aërobic bacteria appear about the forty-eighth hour. The symptoms of the infection appear early, usually on the second day. The parts of the body most often affected are the legs on account of the likelihood of their becoming contaminated by dirt and fecal matter. It is of vital importance that the diagnosis be made early. Pain, swelling and tension of the wound with rapidity of the pulse are important early symptoms. Vesicles, discoloration of the skin, gas formation and odor should be considered later symptoms. The prognosis depends on whether the patient receives proper early treatment. Trench hygiene and personal cleanliness are vital prophylactic measures.